

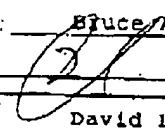
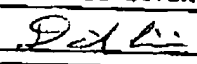
FROM KLEHR HARRISON

(THU) 1. 22' 04 13:03/ST. 13:00/NO. 4862034602 P 10

PTO/SB/01A (06-03)
Approved for use through 06/30/2008. OMB 0651-0032
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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	Adjustable Hair Holding Device
As the below named inventor(s), I/we declare that:	
This declaration is directed to:	
<input checked="" type="checkbox"/> The attached application, or	
<input type="checkbox"/> Application No. _____, filed on _____	
<input type="checkbox"/> as amended on _____ (if applicable);	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.	
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME OF INVENTOR(S)	
Inventor one:	Bruce A. Rogers 01-22-04
Signature:	 Citizen of: US
Inventor two:	David Livingston 1-22-04
Signature:	 Citizen of: US
Inventor three:	
Signature:	
Inventor four:	
Signature:	
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

This collection of information is required by 35 U.S.C. 113 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

08859-0009C

FROM KLEHR HARRISON

(THU) 1.22'04 13:03/ST. 13:00/NO. 4862034602 P 11

Approved for use through 11/30/2005. OMB 0551-0035
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PTO/SB/81 (09-03)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM		Application Number	
		Filing Date	
		First Named Inventor	Rogers, Bruce A.
		Title	Adjustable Hair Holding Device
		Art Unit	
		Examiner Name	
		Attorney Docket Number	08859-0009C

I hereby appoint:

☐ Practitioners associated with the Customer Number: []

OR

☒ Practitioner(s) named below:

Name	Registration Number
John F. Letchford	33,328

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number: []

OR

☒ Firm or Individual Name

John F. Letchford	
Address	Klehr, Harrison, Harvey, Branzburg & Ellers LLP
Address	260 S. Broad Street
City	Philadelphia
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State	PA
Zip	19102
Telephone	215-569-3495
Fax	215-568-6603

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Name	David Livingston
Signature	<i>David Livingston</i>
Date	1-22-04
Telephone	215 569-4002

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Rogers, Bruce A.
Title	Adjustable Hair Holding Device
Art Unit	
Examiner Name	
Attorney Docket Number	08859-0009C

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Name	Registration Number
John F. Letchford	33,328

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Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	John F. Letchford				
Address	Klehr, Harrison, Harvey, Branzburg & Ellers LLP				
Address	260 S. Broad Street				
City	Philadelphia	State	PA	Zip	19102
Country	US				
Telephone	215-569-3495	Fax	215-568-6603		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Name Bruce A. RogersSignature Date 01-22-04

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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